	ing certain restrictions on the disclosure informated that I have the right not to consent to the releasopy of such records upon request.	
Student's Name		
Student's #		
Date of Birth		
I, the undersigned, hereby auth to release the following educat	horize Mississippi Department of Hun tional records and information:	nan Services/ DYS
1.		
2.		
. 3.		
To be sent to the following:		
Name		}
Address		
Phone #		
Reason for Request	*	
I understand that this authorization is in requests, I will be required to submit a r	effect for the items listed above only. If need to new release of information form.	make additional
Parent's Signature	Date	
Student's Signature (if age 18 or older)	Date	

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information

Mississippi Department of Human Services/Division of Youth Services Notice/Authorization to Release Confidential Student Information

Policy XII.4.D

Special Education: Access to Confidential Education Records

02/01/17